SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

PAGE 95 / 98

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
CULAC the PAC of Credit Union National Association

A.

Full Name (Last, First, Middle Initial)
Walden for Congress

Mailing Address   PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement
GREG WALDEN OR-002

Candidate Name
Rep. GREG WALDEN

011
Category/Type

Office Sought:
☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

State: OR   District: 02

Transaction ID: 1185302609939
Date of Disbursement
M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Mike Thompson for Congress

Mailing Address   5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
MIKE THOMPSON CA-001

Candidate Name
Rep. MIKE THOMPSON

011
Category/Type

Office Sought:
☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

State: CA   District: 01

Transaction ID: 1185303088195
Date of Disbursement
M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address   PO Box 2918

City	State	Zip Code
Raleigh	NC	27602

Purpose of Disbursement
ELIZABETH DOLE NC-

Candidate Name
Representa ELIZABETH DOLE

011
Category/Type

Office Sought:
☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

State: NC   District:

Transaction ID: 1185303416540
Date of Disbursement
M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period
2000.00

Returned Uncashed

SUBTOTAL of Disbursements This Page (optional) .... ▶   4500.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B** (**Form 3X) (Revised 02/2003)**